

**ATTACHMENT A**  
**Oncor Electric Delivery Pole Attachment Permit Application**

Licensee: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_

Permit Application # \_\_\_\_\_  
Town or Area \_\_\_\_\_

This Permit Application is submitted pursuant to the terms of that Distribution Pole License Agreement by and between Licensee and Oncor Electric Delivery, dated \_\_\_\_\_, and is governed by the provisions of that Agreement. The definitions in Section 1 of that Agreement are hereby incorporated by reference in this Permit Application/Notification.

**A. PERMIT APPLICATION**

**PART I** (Licensee to check appropriate boxes, fill in blanks, date and sign)

Attachment of Equipment on Poles

Licensee desires to make \_\_\_\_\_ attachments on \_\_\_\_\_ Pole(s) of which \_\_\_\_\_ have no existing Equipment on them. The attached drawing(s) and specifications identify each Pole on which Equipment is to be attached and describe the types and characteristics of the Equipment or other facilities to be attached to the Pole(s).

Type of Service Provided by the Attachment (check all items that apply below)

Cable (CATV or internet only) \_\_\_\_\_

Telecommunications (voice capacity) \_\_\_\_\_

All Other \_\_\_\_\_

Replacement or Modification of Equipment on Poles

Licensee desires to replace or modify existing Equipment on \_\_\_\_\_ Pole(s). The attached drawing(s) and specifications identify each Pole on which the Equipment is to be replaced or modified, and describe the types and characteristics of the Equipment involved in the replacement or modification.

Relocation of Equipment to Poles

Licensee desires to relocate existing Equipment on \_\_\_\_\_ Pole(s) to \_\_\_\_\_ separate Pole(s). The attached drawing(s) and specifications identify each Pole on which the Equipment is to be relocated.

Removal of Equipment from Poles

Licensee has removed Equipment from \_\_\_\_\_ Pole(s). The attached drawing(s) identifies each Pole from which Equipment was removed and the type of Equipment removed.

Dated: \_\_\_\_\_ Authorized Representative \_\_\_\_\_

**PART II**(Oncor Electric Delivery to check appropriate boxes, fill in blanks, date and sign)

Licensee's application to attach, replace, relocate or modify Equipment is:

Approved                       Denied

Conditionally approved subject to the modifications and conditions set forth on the attachment hereto.

Dated: \_\_\_\_\_ Oncor Electric Delivery Representative \_\_\_\_\_

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**PART III** (Licensee to sign, date and return original / retain one copy for Licensee records)

Licensee hereby accepts the modifications and conditions set forth in Part II hereof and any pertinent attachment hereto (including responsibility for any estimated costs specified therein).

Dated: \_\_\_\_\_ Authorized Representative \_\_\_\_\_

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**PERPETUAL INVENTORY OF POLES USED BY LICENSEE**  
(For Oncor Electric Delivery's use only)

<u>Type of Service</u>	<u>Previous Balance</u>	<u>Number of Attachments</u>		<u>New Balance</u>
		<u>Added</u>	<u>Removed</u>	
Cable	_____	_____	_____	_____
Telecommunications	_____	_____	_____	_____
All Other	_____	_____	_____	_____

**B. NOTIFICATION**

**PART IV** SERVICE DROPS

- Licensee gives notice that it has attached one or more Service Drops on \_\_\_\_ Pole(s). The attached drawing(s) and specifications identify each Pole on which one or more of those Service Drops was attached, and also describe the types and characteristics of those Service Drops. These Service Drops attachments were completed on \_\_\_\_\_ [specify date].
  
- Licensee gives notice that it has replaced, modified, relocated, or removed one or more existing Service Drops on \_\_\_\_ Pole(s). The attached drawing(s) and specifications identify each Pole with respect to which one or more of those Service Drops was replaced, modified, relocated, or removed, and also describes the types and characteristics of the Service Drops involved in that replacement, modification, relocation, or removal. The replacement, modification, relocation, or removal of those Service Drops was completed on \_\_\_\_\_.